Fill in this information to identify your case:	
Debtor 1 Andrew A. Arroyo  Debtor 2 Abbigale Yvonne Arroyo (Spouse, if filing)  United States Bankruptcy Court for the Eastern District of Pennsylvania  Case number 4:17-bk-18653 (If known)	Check if this is:  An amended filing  A supplement showin post-petition chapter income as of

## Official Form 106I

## **Amended Schedule I: Your Income**

12/15

Lancaster, PA 17603

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: **Describe Employment** Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information **Employment status** □ Not employed □ Not employed If you have more than one job, Occupation air tech Hygiene care coordinator attach a separate page with information about additional Employer's name **B&B** Integrations Walter C. Musselman employers. **Employer's address** 971 Ranck Mill Rd 552 W. Vine St

Lancaster, PA 17602

4 yrs 7 mo

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Occupation
Employer's name
Employer's address
How long employed there?

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Including your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

				For Debtor 2 or non-filing spouse	
2.	<b>List monthly gross wages, salary, and commissions</b> before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$3,563.43	\$1,600.00	
3.	Estimate and list monthly overtime pay.	3.	\$0.00	\$0.00	
4.	Calculate gross income. Add line 2 + line 3.	4.	\$3,563.43	\$1,600.00	

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List All payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$857.17 \$0.00 Mandatory contributions for retirement plans 5b. 5b. \$0.00 \$0.00 Voluntary contributions for retirement plans 5c. \$0.00 \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 \$0.00 5e. Insurance 5e. \$0.00 \$0.00 **Domestic support obligations** 5f. 5f. \$0.00 \$0.00 5g. **Union dues** 5g. \$0.00 \$0.00 5h. Other deductions. Specify: D1 Aflac \$41.86 5h. \$41.86 \$0.00 Add the payroll deductions. Add lines 5a through 5h 6. 6. \$899.03 \$0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$2,664.40 \$1,600.00 List all other income regularly received: 8. 8a. Net income from rental property and from operating a business, profession, 8a. \$0.00 \$0.00 or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$0.00 \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent 8c. \$0.00 \$0.00 regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 \$0.00 8e. Social Security 8e. \$0.00 \$0.00 Other government assistance that you regularly receive 8f. \$0.00 \$0.00 Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. 8h. Other monthly income. Specify: \$0.00 \$0.00 Add all other income. Add lines 8a-8h. 9. \$0.00 \$0.00 Calculate monthly income. Add line 7 + line 9. 10. \$4,264.40 Add the entries in line 9 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J 11. \$39.99 (Official Form 106J). Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J (Official Form 106J). Specify: B&B Integrations cell phone expense reimbursement \$39.99 Add the amounts on lines 10 and 11. The result is the combined monthly income. Also 12. write that amount on the Summary of Your Assets and Liabilities and Certain Statistical \$4,304.39 Information (Official Form 106Sum) if it applies.

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Debtor 1	Andrew A. Arroyo		Document F	Page 3 of 3		Case number: 4:17-bk-18653

13.	Do	ou expect an i	increase or decrease within the year after you file this form?	
		No Yes. Explain		

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